

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/596009

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1	1		1				
2		1		1			
3		1		1			
4		3		1			
5	1		1				
6	1		1				
7	1		1				
8	1		1				
9	1		1				
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49							
50							
TOTAL IND.	2	↓	2	↓	0	↓	
TOTAL DEP.	23	←	21	←	0	←	
TOTAL CLAIMS	25		23		0		

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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97							
98							
99							
100							
TOTAL IND.	0	↓	0	↓	0	↓	
TOTAL DEP.	0	←	0	←	0	←	
TOTAL CLAIMS	0		0		0		